

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 MOV 16 AM 8:54

· ·	(Instructions on back	or application)	معرض المراجعة	
1.	The name of the limited liability con	mpany is:	SECREMBY OF STATE STATE OF IDAHO	
	Ande	ersen Enterprises I	LC	
2.	The complete street and mailing add	dresses of the i	nitial designated/principal office:	
	(Street Address) RIGBY, IDAHO 83442 (Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	LaMonte Andersen	162 N 4100 E R	igby, ld 83442	
	(Name)	(Street Address)		
The name and address of at least one member of company: Name			manager of the limited liability Address	
	LaMonte Andersen	162 N 4100 E F	igby, ld 83442	
	Tina Andersen	162 N 4100 E F	ligby, ld 83442	

		- The second sec		
5.	Mailing address for future correspondence (annual report notices): 162 N 4100 E Rigby, Id 83442			
6.	6. Future effective date of filing (optional):			
_	nature of a manager, member or son.	authorized		
•			Secretary of State use only	
_	nature & a Mand Under	rec		
Тур	ed Name: LaMonte Andersen			

IDAHO SECRETARY OF STATE

11/16/2011 05:00

CK: 1423 CT: 264192 BH: 1298242
1 0 180.00 = 100.00 ORGAN LLC # 2

Signature_____

Typed Name: